FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction		N					Off	ice use o	inly			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exan over	nple: If typyi the lines	ng, type		12FE	4M5	1 1	1				
Midnight Sun	Political Action (	Committee	11		1 1 1	1 1	1	1 1	1 1	1 1	1 1	1 1	ı	. l
					1 1 1		1		1 1		1 1			
ADDRESS (number and	street)	Box 75181											<u>'</u>	<u> —</u>
X (Check if addr is changed)		hington				 	DC	 ]	 	200	013	<u>ш</u>		Ш Ш
			CITY			S	TATE	_		Z	IP COE	DE 📥		
COMMITTEE'S E-MA														1
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COMMITTEE'S WEB	PAGE ADDRESS (U	<u>                                     </u>						Ш					ļ	Щ
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COMMITTEE'S FAX N	JUMBER													ш
	,	1												
2. DATE <b>M A</b>	/ D D / Y													
3. FEC IDENTIFICA		(	2 000	345199										
o. Teo ibelittii ior					•									
4. IS THIS STATEM	MENT NEV	/ (N) OR	X	AMEN	DED (A)									
I certify that I have exam	ined this Statement and	I to the best of my know	vledge an	d belief it is to	rue, correc	t and c	omplet	te						—
·		Ermalee Hickel												
Type or Print Name of	Treasurer	illialee ilickei												
Signature of Treasurer	. Electronically File	d by <b>Ermalee H</b> i	ckel			Da	ate	<b>0</b>	<b>4</b> /	<b>0</b>	7	Y Y	2 O O	<b>8</b>
NOTE: Submission of fa		nplete information may								of 2 U.S	S.C. S4	37g.		
Office Use Only				For further Federal Elec Toll Free 80 Local 202-6	ction Comr 0-424-953	nissior					FOI		1	_

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5.	TYPE OF COM	MMITTEE (Check One)							
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)							
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
	Name of Candidate								
	Candidate Party Affiliation	Office Sought: House Senate President	State District						
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate								
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.						
	(e)	This committee is a separate segregated fund							
		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	d fund or party						
6.	Name of Any	Connected Organization or Affiliated Committee							
L									
	Mailing Addres	s							
		CITY▲ STATE ▲	ZIP CODE						
	Relationship								
		cted Organization:							
	Corpor	ration Corporation w/o Capital Stock Labor Organ	ization						
	Memb	pership Organization Trade Association Cooperative							

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W	rite or Type Committee Name					
	Midnight Sun Political	Action Committee				
7.	Custodian of Records: Id possession of Committee	entify by name, address, (phone number - e books and records.	- optional), and position of t	ne person in		
	Full Name Linda	Harrigan				
	Mailing Address	PO Box 75181				
		Washington	DC	20013		
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A		
			Telephone number			
3.	name and address of any	e and address (phone number optional) of designated agent (e.g., assistant treasure	of the treasurer of the commer).	ittee; and the		
	Full Name of Treasurer Ermal	ee Hickel				
	Mailing Address	PO Box 751581				
		Washington	DC	20013		
Title or Position ♥		CITY A	STATE	ZIP CODE A		
			Telephone number	544 6655		
	Full Name of Designated Agent					
	Mailing Address					
	Title or Position ♥	CITY A	STATE A	ZIP CODE A		
			Telephone number			

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<ol> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, h safety deposit boxes or maintains funds.</li> </ol>	olds accounts, rents
Name of Bank, Depository, etc.	
Bank of America	
Mailing Address  201 Penn Ave SE	
Washington DC	20003   _   -
CITY A STATE A	ZIP CODE 🛕
Name of Bank, Depository, etc.	
Mailing Address	
Mailing Address	

CITY 🔼

STATE **△** 

ZIP CODE 🛕